.00

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS

before submitting or form will be returned.

Yea Fill ir Repo	Reporting Information 2012 In circle if amendment Period: Office of Lobbying: Note of Filing Fee Check Information 2015	nent ® anuary/June Jonprocurement			OBoth	RECEIVE	ND DELIVERED Chrendment TO FEB 2 0 2013 d Sof Fingo.
	Client Informa	ation			e de porte de France de la companya		
Name: Thoroughbred Horsemen's Association. (NY)							
Permanent Business Address: P.O. Box 170070							
City	: Jamaica				State: NY		ZIP code:11417
Busi	ness Phone: 516-48	38-2337			Fax Num	ber:	*
Third	d Party Beneficiary	(see instructions)					
Lobbyist(s) Information & Compensation (Current Period Only) Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.							
	Type of Lobbyist:		0			Designated Both	
1	Level of Gov't:			Local Loc	bying •	Phone Number: 5	518-436-0786
i	Name: Featherston		Jiyne, LLP			FILOTIE NOTTIDEL.	710 100 01 00
i	Address: 99 Pine S	street				State: NY	ZIP code:12207
i	City: Albany	r current period:	¢ 54 000	.0	n	sidle	Zii 6646.1224
	Compensation for Type of Lobbyist:		\$ 04,000	Employed		Designated	
i	Level of Gov't:		ina O	Local Lok) Both	
	Name:	0 01010 10007			, 0	Phone Number:	
	Address:						
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	Compensation fo	r current period:	\$.0	00	=	
С	Type of Lobbyist:		0	Employe	d (Designated	
i	Level of Gov't:	O State Lobby	ing O	Local Lot	obying () Both	
İ	Name:					Phone Number:	
	Address:						
1	City:					State:	ZIP code:
1	Compensation for	r current period:	\$.0	0		
00	Continued on attack	ned nages					

D TOTAL COMPENSATION of ALL lobbyists for current period..........(A+B+C+addendum sheets): \$54,000

IV Other Expenses (Cu	rrent	Semi-	Annuc	il Period (Only)				
A Report in the aggregate all expenses less than or equal to \$75:							0	.00	or the section of the section of
B Report in the aggregate all e	n-lobbying em	ployees:	\$	0	.00				
C Itemize each expense excee	ding \$75	5:							
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 If any expense listed ab- expense, dollar amount 	ove exce attribute	eeds \$7 able to	5 for an the indiv	individual, yo idual and the	u must at name, t	ttach the c itle and en	ddendum	page listing the the individual.	
D Total expenses for current p								attached pages in	toto
TODAY SHANNET SHENKA CHATAN SHANNEY HAD SHENKA COOK AND									
V Source of Funding D									
nstructions: In the event only event multiple pe	one pers	son or e entities	ntity is list have bee	red as the Sing en aggregated	le Source l as a Sin	for a Contal	ribution(s), for a Contri	use Section A. In the	ne on R
A Below, list all Con	tributions	receive	ed from t	he Single Sour	ce Inclu	de the date	and the a	mount of the Contri	hutio
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Contribution(s) from Single Sou									
ingle Source Entity's Name: N	lew York	Racing	Associa	tion					
ingle Source Person's Last Na					First No	ıme:			
ddress: P.O. Box 90									
City: Jamaica					State: I	NY		ZIP code:11417	7
hone: 718-641-4700		7							
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ate Contribution Received:	05 /	04	2012	Amou	nt of Co	ntribution:	\$9,825	.00	
Date Contribution Received:	05 /	31	2012	Amou	nt of Co	ntribution:	\$13,607	.00	
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Designated Addendum sheet for section V(C)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Instructions:

Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

C Single Source Information for one Person or Entity for a single Contribution.

Contributions from Single Source #1

Single Source(or Related or Affiliated) Entity's Name: New York Racing Association

or Single Source (or Related or Affiliated)Person's Last Name:

First Name:

Address: P.O. Box 90

Address: P.O. Box 90				
City: Jamaica			State: NY	ZIP code: 11417
Phone: 718-641-4700				
Date Contribution Received:	07 / 12	/2012	Amount of Contribution: \$13,834	.00
Date Contribution Received:	07 / 19	/2012	Amount of Contribution: \$6,241	.00
Date Contribution Received:	08 / 17	/2012	Amount of Contribution: \$8,522	.00
Date Contribution Received:	09 /3	/2012	Amount of Contribution: \$28,949	.00
Date Contribution Received:	10 /6	/2012	Amount of Contribution: \$12,397	.00
Date Contribution Received:	10 / 28	/2012	Amount of Contribution: \$ 12,756	.00
Date Contribution Received:	12 / 14	/2012	Amount of Contribution: \$ 10,528	.00
Date Contribution Received:	12 / 31	/2012	Amount of Contribution: \$8,685	.00
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VI Subjects lobbied: Horsemen's Allowance	VII Person, State Agency, Municipality or Legislative Body lobbied: Senate, Assembly, Executive Branch
	Senate, Assembly, Executive Branch
O Continued on attached pages	O Continued on attached pages
VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied: A9294, S6950	VIII Title and Identifying Numbers of procurement contracts/documents lobbled: None
O Continued on attached pages	O Continued on attached pages
IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied: None	X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:
O Continued on attached pages	O Continued on attached pages
XI Declaration This Declaration must be signed by the Chief Administrative (reason, does not sign, he/she must duly designate another policy declare under penalty of perjury that the information correct, and complete to the best of my knowledge.	erson to sign this Declaration.) (See instructions.) ation contained in this report is true, ge and belief.
	DATE: 2/14/13
PRINT NAME: LAST Violette, Jr. F	IRST Richard
	signee(Attach Letter)
he following MUST be attached to this report	at the time of submission:

--You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original) --If applicable, a designation letter if you have marked designee in section XI.

--If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.